

Montana Statewide EMS
Continuing Education Training Course entitled:

EMS Incident Command System (ICS) as
Part of the National Incident Management System (NIMS)
Mutual Aid Response and Mutual Aid Agreements

Course Agenda

Unit 1	Introductions
Unit 2	EMS Role and Responsibilities under the Incident Command System EMS ICS Organization Charts
Unit 3	Triage, Treatment and Patient Transportation responsibilities and coordination
Unit 4	Local EMS and Supporting EMS resources responsibilities within and outside of jurisdiction Mutual Aid Response and Mutual Aid Agreements Interoperable communications
Unit 5	Survival guide for short term (first 24 hours) deployment/mobilization for EMT's and EMS Service Support Personnel
Unit 6	Participant Course Summary and Evaluation

Participant Course Summary and Evaluation

(Page 1 of 2)

Course Title:	
Instructor:	Date:

(Optional by the instructor and students to use for course registration)

Participant Name: _____
 (First) (MI) (Last)

Agency Name: _____

Work Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Phone #: _____

E-mail Address: _____

Evaluation of Course Objectives and Content

Please circle one of the following designated rating scales when answering the following questions:

	(LOW)				(HIGH)	
Were the course objectives clearly stated?	1	2	3	4	5	N/A
Were the objectives achieved?	1	2	3	4	5	N/A
Were the topics presented relevant to your discipline?	1	2	3	4	5	N/A
Was the course structured in a logical way?	1	2	3	4	5	N/A
Was the course interesting and enjoyable?	1	2	3	4	5	N/A
Do you feel you have gained new skills and knowledge?	YES		NO		NOT SURE	
Do you believe the skills you have learned will help you improve your performance on the job?	YES		NO		NOT SURE	
Were the course materials easy to read/follow?	YES		NO		NOT SURE	
Will you be able to use the course materials as a reference?	YES		NO		NOT SURE	
Were your expectations met?	YES		NO		NOT SURE	
Was the location of the course and facilitates adequate for the course?	YES		NO		NOT SURE	
Would you recommend the course to others?	YES		NO		NOT SURE	

What are three things you liked most about the course?

What are three things that you disliked about this course?

Additional Comments regarding the course objectives and contents?

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Course Summary and Evaluation
(Page 2 of 2)

Instructor Evaluation

Please circle one of the following designated rating scales when answering the following question

	(LOW)				(HIGH)	
How would you rate this instructor's knowledge of the subject matter?	1	2	3	4	5	N/A
How understandable were the instructor's oral and/or verbal presentations?	1	2	3	4	5	N/A
How understandable was the instructor in handling student questions and opinions?	1	2	3	4	5	N/A
How well did the instructor relate the course content to professional practice or fundamentals of the discipline?	1	2	3	4	5	N/A
How well did the instructor stimulate your interest in learning the subject matter?	1	2	3	4	5	N/A
How well does the instructor exhibit enthusiasm and personal interest in presenting the material?	1	2	3	4	5	N/A
How would you rate the presentation style of the instructor?	1	2	3	4	5	N/A
Would you recommend this instructor to others?	YES		NO		NOT SURE	
If you were the instructor, what would you do to improve the course?						
Additional comments regarding the instructor evaluation?						

Mutual Aid Agreement

This agreement is entered into between _____ and _____ for the County of _____ in the State of Montana

This agreement is entered into under the authority of (Montana State Statues)

1. Each of the parties owns and maintains equipment for the emergency medical services. Each of the parties also retains emergency medical personnel who are trained to provide various levels of emergency medical services.
2. In the event of an emergency or disaster each of the parties will need the assistance of the other party to provide supplemental emergency medical service equipment and personnel.
3. Each of the parties has the necessary equipment and personnel to enable it to provide such services to the other party in the event of such an emergency.
4. The geographical boundaries of each party are located in such a manner as to render mutual aid service to the other.
5. That the agreement will also accept and utilized the National Incident Management System (NIMS) and the Incident Command System (ICS) in the command and management of the emergency medical incident.

The parties, to carry out the purpose and functions described above and in consideration of the benefits to be received by each of the parties, agree as follows:

1. **Request for assistance:** The designated Incident Commander of an emergency medical incident or emergency medical service unit is authorized to request assistance from the other party if confronted with an emergency situation at which the requesting party is needed for equipment or personnel in excess of that available at the requesting party's department
2. **Response to Request:** Upon receipt of such a request the designated Incident Commander of the party receiving the request shall immediately take the following action:
 - A. Determine if the necessary responding party has equipment and personnel available to respond to the requesting party and determine the nature of the equipment and number of personnel available
 - B. Determine what available equipment and what available personnel should be dispatched in accordance to the operating plans and procedures established by the parties
 - C. In the event the needed equipment and personnel are available, to dispatch such equipment and personnel to the scene of the emergency with proper operating instructions
 - D. In the event the needed equipment and personnel are not available, to immediately advise the requesting party of such fact
3. **Incident Command Responsibility at the emergency scene:** The designated incident commander of the party to which the response is made shall be in command of the operations under which the equipment and personnel sent by the responding party shall serve; provided that the responding equipment and personnel shall be under the immediate supervision of the officer in charge of the responding apparatus.
4. **Termination of Service:** The equipment and personnel of the responding party shall be released from the incident and to the responding jurisdiction by the incident commander in charge of the incident as soon as conditions may warrant.

5. **Liability:** Each party agrees to assume responsibility for all liabilities that occur or arise in any way out of the performance of this agreement by its personnel only and to save and hold other parties, its employees and officials harmless from all costs, expenses, losses and damages including cost of defense, incurred as a result of any acts or omissions of the party's employees relating to the performance of this agreement.
6. **Insurance:** Each party agrees to maintain adequate insurance coverage for it own equipment and personnel.
7. **Compensation:** Each party agrees that is will not seek compensation for services rendered under this agreement from the other party in charge of a emergency medical service unit at the scene of the emergency, or either party, is authorized to request assistance from the other party if confronted with an emergency situation at which the requesting party has need for equipment or personnel in excess of that available at the requesting party's department
8. **Pre-Mutual Aid Response Planning:** The designated training officer or others as delegated by the individual parties shall from time to time mutually establish pre-mutual aid response planning, operating plans, development of mutual aid training exercises, which shall indicate the types of and locations of potential problem areas where emergency assistance may be needed, the type of equipment that should be dispatched under various possible circumstances, and the number of personnel that should be dispatched under such circumstances. Such plans shall take into consideration and insure the proper protection by the responding party of its own geographical area.
9. **Non-Exclusive Agreement:** The parties to this agreement shall not be precluded from entering into similar agreements or other governmental and non- governmental disciplines involved in emergency medical incidents.
10. **Termination:** This agreement is in effect for _____ years, in which it should be reviewed annually and updated as needed by either party. This agreement may be terminated by either party giving to the other party a thirty (30) day notice of termination of writing through a certified letter.

DATED:_____

Legal Jurisdiction
Chairperson of the Board
Medical Director (EMS, Hospital)
County Commissioner

MUTUAL AID PROTOCOL GUIDELINES

PREPAREDNESS PHASE: Prior to a Mutual Aid Response

1. Have a signed Mutual Aid Agreement in place that is updated annually.
2. Compile data base of what resources are available. Be specific – kind, type, level or capability, special training or rescue equipment.
3. Contact name and number to request resources.

RESPONSE PHASE: Mutual Aid Request – Information that needs to be gathered by the requesting agency and relayed to the agency that is being asked to provide mutual aid.

1. Information on nature of incident.
 - Type of incident, time incident began and problems involved
 - Who is asking for help
 - Estimated length of time that help will be needed
 - Do responders need to come with their own food, water, etc – self-sufficient?
2. Specific resources requested:
(Be as specific as possible – **Do not make assumptions**)
 - Personnel – number and what level of certification – ie. First Responder, EMT-B, EMT with endorsements, EMT-I, Paramedic, RN, MD – any special other training such as wilderness, water, ice, high angle rescue, etc.
 - Ambulances – number and what level of equipment and licensing – ie. fully equipped or stripped down with only radio, oxygen and stretcher; ALS or BLS licensed.
 - Extra medical supplies such as backboards, oxygen, bandages and expendables
 - Portable radios – with mutual aid frequencies or programmable
 - other needs
3. ICS details
 - name of incident commander
 - location of staging area
 - location of check-in (if different than staging area)
 - radio frequency to use for arrival on scene to check-in
 - call back numbers or other contact information
 - Logistical concerns – availability food, water, sleeping area, etc.
4. Time details
 - record time of call
 - estimated time of arrival to check-in
 - actual time of arrival